

6. 300
10-47
17-39
I 3906

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED SEP 20 1948

Registration District No.

318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No.

1003

State File No.

31249

7955

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Alexian Bros. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

3: (a) PRINT FULL NAME Charles Abraham Martin

3: (b) If veteran, No No (c) Social Security No. 497-09-7750

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ethel Martin
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased March 2 1885
(Month) (Day) (Year)

8. AGE: Years 63 Months 6 Days 8
If less than one day hr. min.

9. Birthplace Miller Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Stationary Fireman

11. Industry or business

12. Name James Martin
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Malinda Rowden
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ethel Martin
(b) Address 1818 Nebraska Ave.

17. (a) Burial (b) Date thereof 9-13-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Albert H. Honpe
(b) Address 4700 Washington Blvd.

19. (a) SEP 10 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1818 Nebraska Ave.
23 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10
year 1948 hour 12 minute 20 A.M.

21. I hereby certify that I attended the deceased from Sept 3
to Sept 10, 1948;
that I last saw him alive on Sept 10
and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Myocarditis & Nephritis
Duration _____

Due to _____

Due to _____
Other conditions (Include pregnancy within 3 months of death) 1/31

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(b) Means of injury Car
23. Signature Ralph Berg (M. D. coroner)
Address 3403 8 grand Date signed 9/10/48

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me; or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Chas R. Padwell
.....
..... Licensed Embalmer No. 4077

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.